

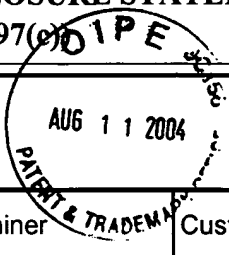
FFW

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT

(Under 37 CFR 1.97(b) or 1.97(e))

Docket No.
EMP-134US

In Re Application Of: **Forman**



Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/826,854	04/16/2004	Not Yet Known	24314	2859	2085

Title: **Double-Banded Vial for Use with Level**

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

37 CFR 1.97(b)

1. ☒ The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.

37 CFR 1.97(c)

2. ☐ The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:
- ☐ the statement specified in 37 CFR 1.97(e);
- OR**
- ☐ the fee set forth in 37 CFR 1.17(p).

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT
(Under 37 CFR 1.97(b) or 1.97(c))

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AUG 11 2004

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Double-Banded Vial for Use with Level

Payment of Fee

(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))

- ☐ A check in the amount of _____ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. **10-0270** as described below.
- ☐ Charge the amount of _____
- ☒ Credit any overpayment.
- ☒ Charge any additional fee required.

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I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. _____)

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I certify that this document and fee is being deposited on **August 9, 2004** with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Chris Wipper

Signature of Person Mailing Correspondence

Chris Wipper

Typed or Printed Name of Person Mailing Certificate

*This certificate may only be used if paying by deposit account.


James P. Delaney

Signature

James P. Delaney, Reg. No. 45,578
Jansson, Shupe & Munger, Ltd.
245 Main Street
Racine, WI 53403
262/632-6900

Dated: **August 9, 2004**

CC:

<div style="text-align: center;">  INFORMATION DISCLOSURE CITATION <i>(Use several sheets if necessary)</i> </div>	Docket Number (Optional) <div style="text-align: center; font-weight: bold;">EMP-134US</div>	Application Number <div style="text-align: center; font-weight: bold;">10/826,854</div>
	Applicant(s) <div style="text-align: center; font-weight: bold;">Forman</div>	
	Filing Date <div style="text-align: center; font-weight: bold;">April 16, 2004</div>	Group Art Unit <div style="text-align: center; font-weight: bold;">2859</div>

U.S. PATENT DOCUMENTS

*EXAMINER INITIAL	REF	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
		1,082,163	12/23/1913	Lung			
		5,207,004	05/04/1993	Gruetzmacher			
		5,414,937	05/16/1995	Denley			
		5,749,152	05/12/1998	Goss et al.			
		6,546,638	04/15/2003	Beyer			

U.S. PATENT APPLICATION PUBLICATIONS

*EXAMINER INITIAL	REF	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE

FOREIGN PATENT DOCUMENTS

REF	DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	Translation	
						YES	NO

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, Etc.)

EXAMINER

DATE CONSIDERED

EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP Section 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.